DOCUMENT RESUME

ED 226 902 RC 013 877

AUTHOR	Henderson, Karla
TITLE	Health and Safety Managerial. Student Guide to Home Study. Camp Administration Series.
INSTITUTION	American Camping Association, Martinsville, Ind.
SPONS AGENCY	Office of Special Education and Rehabilitative Services (ED), Washington, DC. Div. of Personnel Preparation.
PUB DATE	82
GRANT	G007901333
NOTE	54p.; For related documents, see ED 223 378-386 and RC 013 874-880.
AVAILABLE FROM	American Camping Association, Bradford Woods, Martinsville, IN 46151-7902.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Administrator Education; Adult Education; *Camping; Competency Based Education; *Correspondence Study; *Disabilities; *Health Needs; Independent Study; Learning Activities; Outdoor Education; Records (Forms); Resource Materials; *Safety; Standards; Student Teacher Relationship; Study Guides
IDENTIFIERS	*Project STRETCH

ABSTRACT

Produced as part of Project STRETCH (Strategies to Try out Resources to Enhance the Training of Camp directors serving the Handicapped), the home study student guide for the health and safety managerial course consists of a course overview, cancellation policy, desired outcomes of camp director education, the four phases of the course, and an appendix. Phase I provides a student needs assessment form, a reading list, and a student vita form. The plan of study and suggested learning activities are presented in phase II. Phase III deals with learning assignments for the four lessons which outine the competency area to be learned, suggested readings, objectives, discussion, activities, and review. The evaluation phase, phase IV, includes a home study course and instructor evaluation form. Supplementary reading materials conclude the guide. (BRR)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED226902

Camp Administration Series

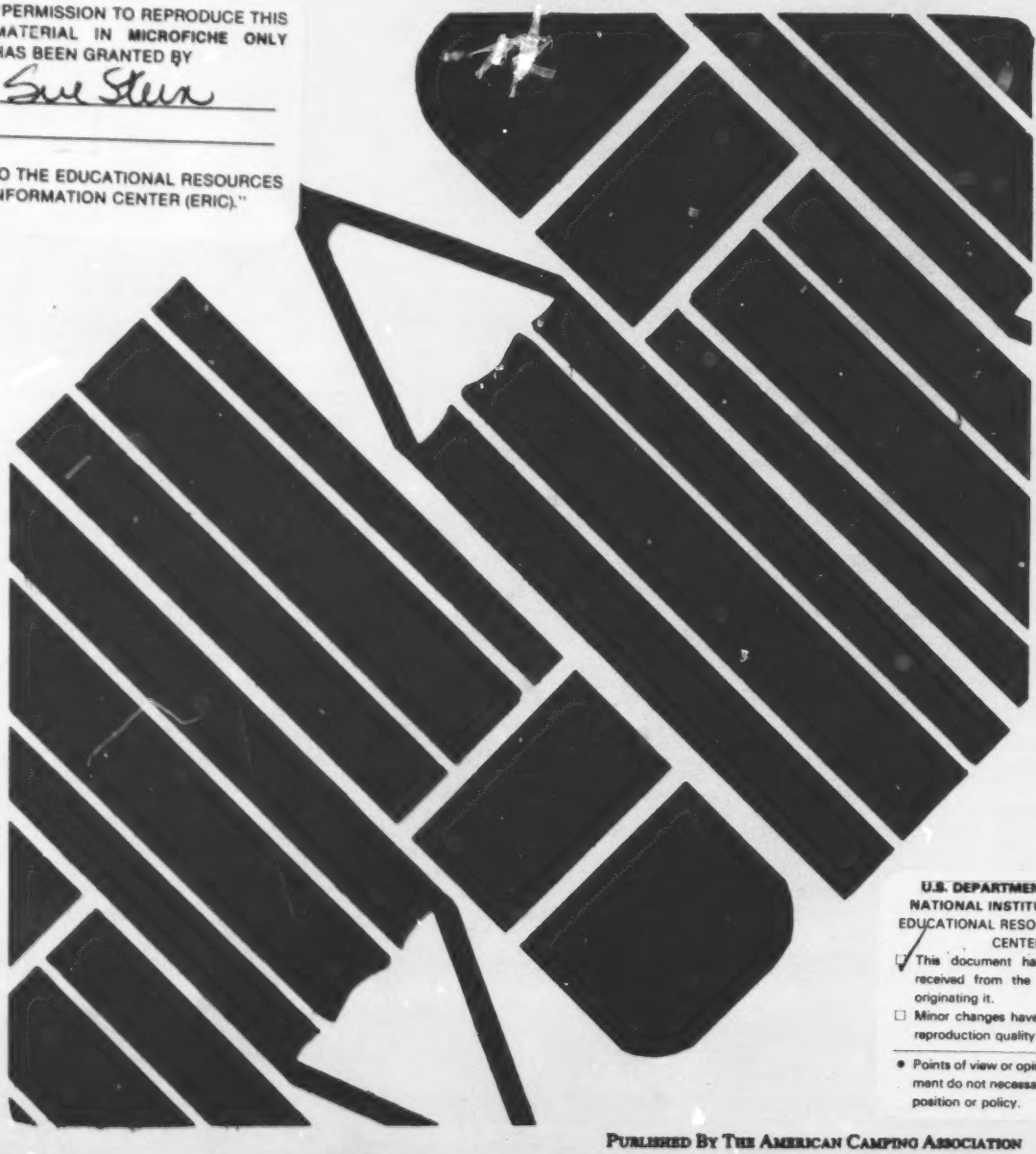
Student Guide to Home Study:

Health and Safety Managerial

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Sue Stern

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."



U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

PUBLISHED BY THE AMERICAN CAMPING ASSOCIATION

RC01 3877

Student Guide to Home Study:

Health and Safety Managerial

Dr. Karla Henderson

Camp Administration Series

Sue Stein, Editor

Project STRETCH
The American Camping Association
Martinsville, Indiana

The project information contained herein was developed pursuant to grant no. G 007901333, from the Division of Personnel Preparation, Office of Special Education and Rehabilitative Services. The opinions expressed herein do not necessarily reflect positions, policy, or endorsement by that office. Copies may be ordered from the American Camping Association, Bradford Woods, Martinsville, IN 46151-7902.

BEST COPY AVAILABLE

C O N T E N T S

Foreword iv

Preface v

Acknowledgements vi

Course Overview 1

Cancellation Policy 3

Desired Outcomes of Group Director Education 4

Phase I: Needs Assessment, Reading List, and Vita . 5

Phase II: Plan of Study and Suggested Learning Activities 17

Phase III: Learning Assignment Form and Lessons . . 23

Phase IV: Evaluation 39

Appendix 43

The previous numbered page in the original document was blank

Foreword

The Office of Special Education and Rehabilitative Services has for many years recognized the value of camping as an important aspect in the lives of handicapped youth and adults. Since 1971 when the former Bureau of Education for the Handicapped provided funding to help sponsor the National Conference on Training Needs and Strategies in Camping, Outdoor and Environmental Recreation for the Handicapped at San Jose State University, there has been a nationwide movement toward including handicapped children and adults in organized camping programs.

The material contained in this book and other volumes that make up the Camp Director Training Series are the result of a three-year project funded by the Division of Personnel Preparation. In funding this effort, it is our hope that the results of the project will help make camp directors and other persons more aware of the unique and special needs of disabled children and adults; and to provide information and resources to better insure that those needs are met.

The Office of Special Education and Rehabilitative Services is committed to the goal of equal opportunity and a quality life for every handicapped child in the United States. Opportunity to participate in camping programs on an equal basis with their non-handicapped peers is a right to which all handicapped children are entitled. However, this goal can be achieved only if those responsible for the provision of camping services are likewise committed to this goal.

William Hillman, Jr., **Project Officer, 1979-1981**
Division of Personnel Preparation,
Office of Special Education and Rehabilitative Services
Sept. 1981

BEST COPY AVAILABLE

Preface

Emblazoned across the mantle of the fireplace at its National Headquarters are the words "Better Camping For All." Nothing more easily sums up the basic purpose of the American Camping Association (ACA) in its 75 years of existence than do these words. From its very beginning, the Association has been concerned about providing "better" camps. That concern has led to a continuing study and research for the most appropriate standards for health, safety, and better programming in the organized camp.

That concern for standards of performance in the operation of the summer camp led to an awareness of the necessity of an adequate preparation and continuing education of the camp director. Various short courses and training events were developed in local ACA Sections and at ACA national conventions. Many institutions of higher learning developed curriculum related to the administration of the organized camp.

By the late 1960s, the American Camping Association began the development of an organized plan of study for the camp director that would insure a common base of knowledge for its participants. Three types of camp director institutes were developed and experimented with in different parts of the country. In 1970, the Association adopted a formalized camp director institute which led to certification by the Association as a certified camp director. Continuing efforts were made to try to expand and improve upon the program.

After the first decade, it was recognized that the program must be greatly expanded if it were to reach camp directors in all parts of the country. Centralized institutes of a specified nature often prevented wide participation by camp directors. This led the Association to consider the importance of documenting a body of knowledge which needed to be encompassed in the basic education of any camp director and to explore methods by which that information could be best disseminated.

During the years 1976-78, the Bureau of Education for the Handicapped, U.S. Department of Health, Education, and Welfare, funded a three-year project to determine the basic competencies required of a camp director who worked with the physically handicapped. Under the leadership of Dr. Dennis Vinton and Dr. Betsy Farley of the University of Kentucky, research was undertaken that led to the documentation of the basic components of such education. It was determined that 95 percent of the information required in education of a director of a camp for the physically handicapped was generic. Only 4 percent or 5 percent related specifically to the population served.

Meanwhile, the American Camping Association had begun to recognize that the word "all" in its motto is an obligation far beyond its extensive efforts over a number of decades to insure organized camping experiences for children of all racial, ethnic, and socio-economic backgrounds. Camps began to expand their services to a variety of special populations to encompass all age ranges and persons with a variety of physical and mental disabilities. The message soon reached the Association that any camp director education program must help all camp directors to understand and explore the needs of the new population the camps were serving. Chief among those new populations were the campers with physical and mental disablements.

In 1978, the Association approached the Office of Special Education, U.S. Department of Education, and requested funding for a project to expand its education program based on the materials developed by Project REACH, a research project funded by the Department of Education at the University of Kentucky; the intent was to include training for directors working with the handicapped and develop a plan for wider dissemination of camp director education opportunities.

A subsequent grant from the department resulted in Project STRETCH and three years of monitoring camp director education programs, revising and expanding the basic curriculum for such programs, and developing new materials for use in expanded programs.

As we near the end of Project STRETCH, the American Camping Association is pleased to find that the project has helped to greatly heighten the level of awareness of the handicapped and their needs in the camp director community.

This volume is one of several volumes that will insure "Better Camping for All" in the decades ahead.

Armand Ball,
Executive Vice President
American Camping Association

BEST COPY AVAILABLE

Acknowledgements

The camp administration series is a result of three years of work by hundreds of individuals in the field of organized camping and therapeutic recreation. A big thank you is extended to all who made this project a reality. While it is impossible to mention all contributors, we extend a special thank you to those individuals who assisted the project for all three years. With their input, the road to this project's completion was much easier to travel.

Project Officer, 1981-1982

Martha B. Bokee, Division of Personnel Preparation,
Office of Special Education and Rehabilitative Services

National Advisory Committee

Paul Howells, CCD; Chairperson	Lutheran Church of America, Philadelphia, PA
Janice Adams, CCD	Camp Idlepines
Julia Brown, Ph.D.	University of Wisconsin—Madison
Charles Butler, CCD	National Institute of Health, Washington, D.C.
Nannette Enloe	Northwest Georgia G.S. Council, Inc.
William Hammerman, Ph.D.; CCD	San Francisco State University
Judith Myers, Ph.D.	George Williams College

Project Staff

Armand Ball	Project Director
Kay Kester-Oliver	Assistant Project Director
Sue Stein, CCD	Project Coordinator
Phyllis Elmore	Project Secretary
Elizabeth Farley, Ed.D.	Project Consultant

Project Subcontractor

Don Hawkins, Ph.D., and Denise Robinson	Hawkins and Associates

A Brief Overview

As you prepare to embark on an ACA Home Study Course, it is important to remember that as in other ACA educational opportunities (institutes, seminars, managerials, etc.), there is a core curriculum upon which the course is based. The core curriculum has been approved by the curriculum committee of the American Camping Association.

Through home study, you will have the opportunity for a one-on-one relationship between you and your instructor. The instructor will be able to give you his/her undivided attention to facilitate your understanding and mastery of the study material. You will also be able to work on your own time schedule at your own pace.

A unique feature of ACA Home Study is our individualized approach. Recognizing the special needs of adult learners and differences between individuals and their preferences for certain types of activities, ACA Home Study Courses have incorporated an approach to allow each learner some independence in designing his/her own plan of study with the instructor.

Instructors. Instructors for ACA Home Study Courses are selected and assigned by the National Office on the basis of their experience as camp directors or educators in the area of camp administration and their ability to effectively facilitate the study of other adults seeking to increase their knowledge in the field of organized camping. Most instructors are happy to confer by phone should you run into a problem. Your instructor's phone number is listed in your letter of acceptance.

Course Organization. Each course consists of four phases. Phase 1: Begins with a needs assessment to determine where your strengths and weaknesses lie in terms of the areas to be covered, resources you have available, and questions or burning issues you wish to have answered in addition to the curriculum. You are also asked to complete a vita detailing your experience and previous education.

Phase II: Consists of the development of a plan of study to be followed by you and completed within twelve (12) months of its approval by your instructor. If necessary, an extension may be approved by your instructor for an additional six (6) months. The plan of work is developed by cooperation between you and your instructor and it is based on a set of recommended learning assignments provided (lessons). Note: All materials from the student required for Phase I and II should be sent to your instructor within one week of the notification of your instructor's name and address.

Phase III: Involves the actual study. The instructor assigned is available to you any time you need him/her by letter or phone to answer any problem areas or to comment on your work after you have completed an assignment. You may send in your assignments one at a time, or all at once. A brief discussion on each area of the course is also provided in Phase III.

Phase IV: Concludes the course with an evaluation of your work by the instructor, of the instructor and course by the student.

Texts: There is more than one text used for each course. Because of the lack of a comprehensive text in the field of camping for most areas, readings are required from a variety of sources. Agreement on readings which are required for the course is one of the tasks of the plan of work which is developed in Phases I and II.

Begin Course: As soon as you receive your materials for the course, begin work. Leaf through the study guide to get a feel for the course. Complete Phase I and II within a week of receiving the study guide and mail all requested materials (needs assessment, vita, reading list, and plan of work) to your assigned instructor.

Your instructor will review your materials and approve or add areas to your plan of work. This should be returned to you by your instructor within one to two weeks. You will then have a maximum of twelve (12) months to complete your plan of study (if needed, you may request a six (6) months extension from your instructor). As soon as you receive your approved plan of work, begin study. You may find it easier to put yourself on a time schedule to complete one area of the course per week and return it to your instructor for his/her comments, or you may find it simpler to send in all assignments in Phase III at once.

Circuit time (time between your mailings until your instructor returns a mailing to you) takes about two (2) weeks.

Evaluation: Once you have completed all assignments satisfactorily, complete the evaluation form and send it directly to the National ACA Office. A course certificate of completion will then be sent to you.

Cancellation and Settlement Policy for ACA Home Study Courses

We are confident you will be satisfied with your program of study through the American Camping Association. Should you decide to cancel, we provide you with this liberal cancellation policy.

A student may terminate an enrollment at any time by notifying the ACA National Office.

1. A student requesting cancellation within 7 days after the date on which the enrollment application is signed shall be given a refund of all monies paid to the American Camping Association (ACA).

2. When cancelling after this 7-day period, and until your instructor receives the first completed assignment (Needs Assessment), an administrative fee of 20% or $25 (the least amount) of the tuition shall be retained by the ACA.

3. After your instructor receives the first completed assignment (Needs Assessment), and prior to completion of a Plan of Study, upon cancellation of an enrollment the ACA will retain an administrative fee of 30% of the tuition.

4. After the student has completed the Plan of Study, the student shall be liable for the full tuition and there will be no refund.

The Desired Outcomes of Camp Director Education

A CAMP DIRECTOR SHOULD BE ABLE TO:

I. Demonstrate an understanding of the life span characteristics and needs of the constitutencies which he/she serves and directs including the effects of biological, psychological, and socio-cultural systems on the growth and behavior of these persons.

II. To determine which persons he/she could serve and identify the implications for his/her camp.

III. Assess his/her strengths and weaknesses in relation to his/her own philosophy and the philosophy of other persons in the camping profession, community, and camp, his/her relations with others, and his/her professional competencies.

IV. State. interpret and defend his/her camp philosophy, goals and objectives and how they relate to the constitutencies which he/she serves and the society in which he/she lives.

V. Design a camp program to achieve the goals and objectives of his/her camp in terms of camper development.

VI. To develop and justify the organizational design most conducive to the achievement of his/her camp's philosophy and objectives.

VII. Develop a comprehensive staffing plan in a manner which implements his/her camp's goals and aids his/her staff's personal and professional growth.

VIII. Know the values of organized camping and be able to interprete them to prospective parents and campers, staff, and the non-camp community utilizing varied resources and methods.

IX. Design a continuous and comprehensive evaluation program for his/her camps.

X. Analyze and develop a comprehensive camp health and safety system which is consistent/supportive of the camp philosophy, goals and objectives.

XI. Analyze and develop a camp's food service system which is consistent and supportive of the camp philosophy, goals and objectives.

XII. Analyze and develop business and financial systems consistent and supportive of the camp philosophy, goals and objectives.

XIII. Analyze and develop a comprehensive plan for site(s) and facilities management consistent and supportive of the camp philosophy, goals, and objectives.

ACA Home Study: Student Instructions

Phase I: Needs Assessment, Reading List, and Vita

Attached are the forms you need to complete for Phase I. These include:

1. *A Needs Assessment Form: Each curriculum area of this course is listed on the form with a 1 to 10 scale underneath the statement.*

   Please rate yourself as follows:

   1 to 2 - I have insufficient knowledge in this area

   3 to 4 - I have knowledge to identify some resources

   5 to 6 - I have performed some work in this area with assistance

   7 to 8 - I have performed independent work or instructed others in this area

   9 to 10- By virtue of training and experience in this area, I could be called upon to apply my expertise to instruct or consult any camp or constituency

   Space is also provided for you to comment as to why you rated yourself in such a manner on each topic.

2. *Reading Checklist - To enable your instructor to make reading assignments, a recommended reading list is attached. Please mark with a check (✓) those materials you own or could get access to.*

3. *Vita: To give your instructor a better understanding of your background, you are also asked to complete the vita attached.*

Phase I and II:

Phase I and II items should be mailed to the course instructor (listed in your course acceptance letter) within one week of the date you received it.

NEEDS ASSESSMENT FORM

Name _____

Camp Name _____

No. Years Camp Experience _____

To be completed prior to training by participant and returned to the Instructor

Below is a listing of the competencies identified for the managerial you will be taking in Health Service operation. For each competency, please indicate how you would rate yourself in relation to a) your present ability at performing the task; and, b) the amount of training you feel you need in this area. Use a scale of 1 = low to 10 = high, putting an "X" through the number that best describes your response in each category. Please add any additional comments you feel necessary to clarify why you rated your ability as you did.

I. COMPETENCY	Your Present Ability Low High	Amount of Training I Need Low High	Comments
1. Knowledge of the varying physical and emotional needs of campers and staff.	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
2. Knowledge of and ability to identify (1) resources for securing appropriate federal, state, local laws, and of (2) ACA Standards related to health service.	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
3. Ability to identify/formulate objectives for an on-going comprehensive health program.	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
4. Knowledge of various systems and ability to analyze those systems in terms of the comprehensiveness of the health programs provided.	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
5. Ability to identify/formulate objectives for an on-going comprehensive safety program.	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
6. Knowledge of various systems and ability to analyze those systems in terms of the comprehensiveness of the safety/prevention program.	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
7. Ability to anaylze complications for the camp's health and safety when serving the handicapped.	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	

The previous numbered page in the original document was blank

II. The goal of this managerial is "to help the participant gain an understanding of how to establish and supervise the camp's health program." Please describe what you would like to learn in this area (special concerns or problems).

READING CHECKLIST

Please check (✓) those publications you own or can get access to:

AVAILABLE THROUGH ACA PUBLICATIONS (* ACA Publications code)

Accident Report Form. American Camping Association, Martinsville, IN -(FM 01)

Auld, Margaret E. and Graceann Ehlke. Guide To Camp Nursing. ACA, 1978. -(HS 06)

Ball, Armand, B.& Beverly H. Basic Camp Management. ACA, 1978. (CM 36)

Berger, Jean H. Program Activities For Camps. Burgess, 2nd Ed. 1969. - PA 09

Boys Health Examination Form. ACA -(FM 07)

Camp Health Record Card. ACA. -(FM 02)

Camp Health Record Form. ACA.(FM 03)

Camp Standards With Interpretations For the Accreditation of Organized Camps. ACA, 1978. -(CS 01)

Casey, Mary I., R.N. The Nurse and The Health Program At Camp. ACA, 1978. (HS 10)

Fallon, Debbie; Robb, Gary. The Camp Nurse. Project REACH. ACA.-(HS 11)

Farley, Elizabeth M. and Vinton, Dennis A. Camp Health and Safety Practices. Project REACH. 1979. ACA -(LT 27)

Farley, Elizabeth M. and Vinton, Dennis A. Knowing the Campers. Project REACH. 1979 ACA. -(LT 25)

Girls Health Examination Form. ACA -(FM 06)

Hamessley, Mary Lou, R.N. Handbook For Camp Nurses and Other Camp Health Workers. ACA, 1978. -(HS 04)

Health Examination Form for Children, Youth, Adults. ACA -(FM 08)

Health Record Log. ACA -(HS 08)

Health Record Log 2. ACA -(HS 09)

Rodney, Lynn S., and Ford, Phyllis M. Camp Administration. Wylie, 1971. (CM 01)

Wilkinson, Robert E. Camps, Their Planning and Management. C.V. Mosby, Co. (CM 07)

AUDIO-VISUALS

The Seven Minute Lesson. American Foundation for the Blind, Inc. N.Y., 1978, 7 min., 16 mm, color, $10.00 Rental

Demonstrates the proper techniques most commonly involved in acting as a sighted guide.

Hands For the Handicapped. 23 min., 16 mm., color. International Rehabilitation Film Review Library. 20 West, 40th St., N.Y. 10018, $25.00 Rental *

Demonstrates a number of devices used by a person with Cerebral Palsy.

Moving and Lifting the Disabled Person. 12½ min. 16 mm., color. Inter. Rehab. Film Review Library, $25.00 rental*

Basic introduction to moving and lifting disabled persons. Also, includes how to cope in a confined space and raising a person who has fallen.

A Film About People. Indiana Dept. of Mental Health, 16mm.

Describes types of Epilepsy and problems of persons with Epilepsy.

* Always check local chapters to see what films they have available.

OTHER RESOURCES

Camp Health and Safety. Boy Scouts of America.

Children and Youth Camp Safety Act. Senate Report. Nov. 20, 1975.

Chafin, M.B. "Pre-Planning Camp Emergency Procedures," Social Agency Management .

Downey, John A., M.D. and Niels, L. Low. M.D. The Child With Disabling Illness, Principles of Rehabilitation. Philadelphia, W.B. Saunders. Co., 1974.

Flammable and Combustible Liquids. National Fire Protection Association. 1974.

Kujawa, Charles, Editor. National YMCA Camping Standards. New York YMCA., 1979.

Licenses For Juvenile Camps. New Hampshire Water Supply and Pollution Control Commission.

National Standards For Scout Camps. Boy Scouts of America. N.Y.

North Carolina Dept. of Insurance. An Illustrated Handbook of the Handicapped Section of the N.C. State Building Code. 1973

Safety Wise. Girl Scouts of U.S.A., N.Y.

Site Selection and Development. United Press Church. 1965.

Small Fleet Guide; A Handbook of Accident Control. National Safety Council, 1971.

Standard First Aid and Personal Safety. American National Red Cross. Doubleday and Co., N.Y. 19791

Standards. Joint Committee on Food-Equipment Standards. National Sanitation Foundation, 1965. Booklet Numbers 1-21, 14-15.

Youth Camp Safety and Health: Suggested State Statute and Regulations. HEW/ Public Health Service., 1976.

ARTICLE(S) IN ACA'S CAMPING MAGAZINE

Banks, Mary Ellen. "Documentation." June, 1981. vol. 53: no. 7. pp. 12.

Bennett, Betty. "Safety First With Rider Education." February, 1981. vol. 53: no. 3. pp. 14

Chofin, M.B. "Camp Emergencies." May, 1976. vol. 48: no. 7. pp. 9.

Chappelow, Tracy, "Camp Security." Sept./Oct., 1977. vol. 59: no. 1. pp. 13

"Dangerous Radiation From Mercury Vapor Lights." May, 1978. vol. 50: no. [illegible]. pp. 7.

"Head Lice Infestation Hotline Available." June, 1981. vol. 53: no. 7. pp. 10.

Hickman, Meredith. "Insist on Immunization." May, 1980. vol. 50: no. [illegible]. pp. 32.

"How To Avoid the Itch." Sept./Oct., 1977. vol. 50: no. 1. pp. 23.

Lesilla, Frank/ Hourk, Vernon. "Youth Camp Proposed Guidelines Analyzed." Sept./ Oct., 1975. vol. 48: no. 1. pp. 13.

Lishner, Chris. "Camp Nurse.". May, 1980. vol. 52: no. 6. pp. 10.

Lissella, Frank; Johnson, Wilma. May, 1980. vol. 52: no. 6. pp. 32.

Means, Elizabeth. "Guidelines For Camp Health Care." May, 1980. vol. 52: no. 6. pp. 29.

Miller, Ray. "The Unprepared: Prince Targets of Hypothernia." April, 1980. vol. 52: no. 5. pp. 22.

Otto, Jeanne. "Camp Illnessess." May, 1980. vol. 52: no. 6. pp. 31.

Rotman, Charles. "Notifying Campers of Death." May, 1980. vol. 52: no. 6.pp. 35

ARTICLE(S) IN ACA'S CAMPING MAGAZINE

Schmidt, Ernest. "Think Safety In Camp Canoeing." April, 1980. vol. 52: no. 5 pp. 7.

"Steps to Follow in Case of Total Accident Or Injury." June, 1981. vo.. 53: no. 7. pp. 11.

Wentworth, Samuel. "Unexpected Campers Death Places Burden On Director." June, 1981. vol. 53: no. 7. pp. 10.

ARTICLE(S) IN JOURNAL OF CHRISTIAN CAMPING

Caster, Dick. "How To Choose Camp Insurance." Nov./Dec., 1980. vol. 12: no. 6. pp. 28.

Castor, Richard. "Bouncing Into Trouble-Your Trampoline." Nov./Dec., 1979. vol. 11: no. 6. pp. 28.

"Cold Water Best For Burns." Jan./Feb., 1978. vol. 10: no. 1. pp. 1.

Cowan, Rebecca. "Risk: Do We Need It?" Nov./Dec., 1980. vol. 12: no. 6. pp. 6.

Dillard, Larry. "Camper I.D., Aids Follow Up." May/June, 1981. vol.13: no. 3. pp. 6.

"Executive Director Testifies On Camp Bill." May/June, 1978. vol. 10: no. 3. pp. 25

"First Aid For Wilderness Medicine." July/Aug., 1977. vol. 9: no. 4. pp. 16.

Hooker, June. "Fatigue: Enemy Of Good Health. May/June, 1981. vol. 13: no. 3. pp. 18.

ARTICLE(S) IN JOURNAL OF CHRISTIAN CAMPING (cont'd)

Jarssesn, Karen. "Immunizations: Key to Good Health.: May/June, 1981. vol. 13: no. 3. pp. 20.

Nelson, Nancy. "Secret Invaders In Your Kitchen." July/Aug., 1978. vol. 10: no. 4. pp. 17.

"New HEW Manual." Jan./Feb., 1978. vol. 10: no. 1. pp. 1.

Shahor, Stephanie. "Thirst Is A Warning Sign." May/June, 1981 vol. 13: no. 1. pp. 21.

Short, Alison. "Volcanoes Call For Plan Z." Sept./Oct., 1980. vol.12: no. 5. pp. 18.

Shown, Clarence. "Safety In A Riding Program At Your Camp." May/June, 1976. vol. 8: no. 3. pp. 16.

ACA Home Study Course Vita

VITA

Please complete the following information:

NAME _____ Phone _____

ADDRESS _____ Age _____

_____

I.

Education	Name of School	Location	Dates	Major
College(s)				
Other Education				

II.

Experience	Your Position/Responsibility	Location	Dates	Comments
A. In Organized Camping				
B. With Disabled Persons				

III.

Special Training	Dates	Location	Sponsor

IV. Why do you want to take this course? _____

_____

_____

_____

V. What is your present occupation and your long-range career goal? _____

_____

_____

_____

_____

Phase II: Plan of Study for ACA Home Study Course

On pages 21 and 22, you will find a list of recommended learning activities for this course. You are not limited to these activities in developing your proposed plan. However, you must select or propose at least one activity for each competency listed and describe how and when you will report it to the instructor on the Plan of Study form attached.

Your instructor will review your plan and make any changes or additions he/she deems necessary to approve it. Once your plan is approved by your instructor and returned to you, you have 12 months from the date the work plan was approved to complete all assignments and return them to your instructor. If you cannot complete the work by the end of the 12 months, you may request a 6-months extension from your instructor.

Your Plan of Study for Phase II should be submitted to your instructor with the items requested for Phase I.

ACA HOME STUDY

INDIVIDUALIZED PLAN OF STUDY

NAME _____

COURSE HEALTH AND SAFETY MANAGERIAL

Below is a listing of the competencies required for this course. For each competency please identify what you would like to do to gain knowledge and demonstrate your understanding of this area. This should be returned for your instructor's approval. Your instructor will make additional suggestions on your plan of study. You then have 12 months to complete all work. PLEASE BE SPECIFIC AS POSSIBLE IN COMPELTING YOUR PLAN.

COMPETENCY	STUDENT'S PROPOSED PLAN (to be completed by student)	INSTRUCTOR COMMENTS AND ADDITIONS (to be completed by Instructor)
Knowledge of: 1. Varying physical and emotional needs of campers and staff.		
2. Federal, state and local laws and ACA Standards relating to health and safety.		
3. Various systems and ability to analyze those systems.		
Ability to: 4. Formulate objectives for an on-going safety and health program.		
5. Analyze complications for the camp's health and safety program. when serving a camper with a with a handicap		

The previous numbered page in the original document was blank

COMPETENCY	STUDENT'S PROPOSED PLAN (To be completed by student)	INSTRUCTOR COMMENTS AND ADDITIONS (To be completed by Instructor)
2. Establish a system for the camp's business operation		

FOR STUDENT INFORMATION ON PLAN OF STUDY FOR HEALTH AND SAFETY SERVICE MANAGERIAL

The following is a list of suggested learning activities for the Health Service Managerial:

You are not limited to these activities in developing your proposed plan. However, you must propose at least one activity for each competency listed and describe how you will report it to the instructor.

1. Knowledge of the varying physical and emotional needs of campers and staff.

   a. Visit a school guidance counselor and ask him to describe the most obvious physical and mental needs of youth and adult ages 8 to 65.

   b. Read a book on human development. List the physical and emotional needs for campers ages 8 to 65.

2. Knowledge of federal, state, local laws and ACA standards.

   a. Accompany an ACA Standards Visitor on a visit to a camp infirmary. Observe whether federal, state, local laws and ACA standards are being met.

   b. Prepare a list of all laws and standards which camps must meet in the area of health and safety.

3. Knowledge of various systems and ability to analyze. Those systems in terms of the comprehensiveness of the safety and health programs provided.

   a. Visit at least three camps note the health and safety facilities, equipment, and procedures each has. Discuss the strengths and weaknessess of each camp's system.

   or

   b. Meet with a camp health inspector. Discuss what he looks for in terms of the health and safety system in a camp.

4. Ability to formulate objectives for an on-going safety and health program.

   a. Visit two camp directors and describe their objectives for on-going safety and health programs. Discuss the strengths and weaknessess of both lists.

   or

   b. Formulate a list of objectives for an on going safety and health program in your camp.

5. Ability to analyze complications for the camp's health and safety program when serving a camper with a handicap.

a. Select a handicapped population and describe what special considerations must be added to your camps health and safety program.

b. Visit a camp for the handicapped. Discuss with the director the special needs and services his camp provides in the area of health and safety.

Phase III. Learning Assignments

A brief introduction/discussion has been written for you to read along with each area you will study.

This information is to be used as "food" for thought as a starting point for information. It is not the extent of the information you need to know from each area of study.

Also contained in this section are copies of the ACA Home Study Learning Activity Report. Please attach a copy of this form to the front of each assignment as listed on the Plan of Study approved by your instructor. You may send in more than one assignment at a time.

Should you have problems with an assignment, your instructor is only a phone call away. The instructor's name is listed on your letter of acceptance.

You have one year from the date your plan of work was approved by your instructor to complete all work unless he/she has granted you an extension.

Good luck!

HEALTH AND SAFETY MANAGERIAL

/Lesson One/

Competency Area: Knowledge of varying physical and emotional needs of campers and staff

Suggested Readings: Program Activities for Camps (Berger) p. 11-24
Knowing the Campers. Project REACH. (Vinton/Farley)

Objectives: 1) The student will list the basic needs of all human beings.

2) The student will identify the common physical needs of all aged campers and discuss the implications these have for programming.

3) The student will identify the basic emotional needs of campers and staff and suggest implications for how the camp program can best deal with these needs.

Discussion:

Health is the right of all of us. Health applies to more than just physical health. It includes emotional and mental health. In a camp situation, holistic health is as important for campers as it is for staff. In addition, with the growth in the clientele now served by camps, "campers" of all ages are coming to camp so it is essential to know as much as possible about needs over a broad spectrum of ages.

Educators have long recognized the basic needs of all people, regardless of their ages. The fulfillment of these contributes to the personality and adjustment of the individual in any kind of situation--camp or otherwise. These five basic needs include recognition, affection, power, new experiences, and security.

Recognition comes through approval from others. The knowledge that others accept and appreciate what one has done is essential for self-esteem, self-respect, and a feeling of worth.

Affection is the feeling that others care, that one has friends,

The previous numbered page in the original document was blank

that others understand, and the feeling that warmth exists in a group. This is an essential kind of need for everyone at all age levels and is certainly an area which the camp experience can encourage.

Power is the ability to master new things, to achieve success, to have influence over things. Power is sometimes associated with the negative aspects of dominance, but it is more than just that. Everyone ought to be helped to feel that they have some things they can do well and that they can accomplish undertakings.

New experiences provide an outlet for adventure, excitement, and exploration. New experiences can contribute to the growth and development of an individual and make one a more interesting person. The use of leisure time through new kinds of experiences is also essential.

Security is knowing that one belongs somewhere to someone and is accepted by a group. It adds stability to an individual's life and helps that person be able to try new experiences and take risks.

There are also a number of physical needs that all humans have--balanced meals, plenty of rest, exercise, time-off to relax, and those kinds of things. The director must make sure that all staff and campers have the opportunities to meet these physical needs also.

A number of books discuss developmental theories and most camp counseling books talk about the needs of children at specific age levels. A thorough understanding of people and their needs is necessary to assure a high quality program which is within the limits of the abilities of campers. This will lead to a healthy and safe experience in camp which will ultimately lead to camper growth.

Activities:

a. Visit a school guidance counselor and ask him/her to describe the most obvious physical and mental needs of youth and adults ages 8-65.

b. Read a book on human development. List the physical and emotional needs for campers ages 8 to 65.

Review: Can you match the characteristic to the implication:

_____1.	Large muscles better developed than small	a.	Provide a variety of games and competition
_____2.	Fatigues easily	b.	Let child know this development is normal
_____3.	Poor posture begins to appear	c.	Help them understand the importance of diet and cleanliness
_____4.	Emotional outbursts frequent	d.	Provide ways to give the group recognition
_____5.	Secondary sex characteristics developing	e.	Accept tantrums as normal and help the child overcome them
_____6.	Interested in team sports	f.	Stress the importance of being oneself
_____7.	Acne may be an appearance problem	g.	Remind child of sitting, standing and walking positions
_____8.	Extreme loyalty to group	h.	Avoid detailed manual activities
_____9.	Trying to find "oneself"	i.	Provide frequent rest periods

HEALTH AND SAFETY

/Lesson Two/

Competency Area: Knowledge of federal, state, and local laws and ACA standards

Suggested Readings: Camp Administration, p. 216-241
ACA Standards, A-8-A-24, B-24-B-40, H-1-H6, C-11-C-13
Basic Camp Management, p. 118-129

Objectives: 1) The student will interpret the ACA standards that relate specifically to health and safety

2) The student will locate sources related to federal, state, and local laws for healthy and safe camps.

Discussion:

The purpose of the ACA Camp Standards Program is to assist administrators in the provision of a quality camp experiences. The standards represent desirable practices which contribute to the overall health and safety of all involved with camping. It a sense, every standard relates to health and safety, although for purposes of this lesson, we will discuss only those that relate directly to the operation of health services and program activities. It should be remembered, however, that quality camping is more than just health and safety laws and regulations; quality camping is the result of professional leadership conducting programs in a safe and healthful environment with consideration for the meaning of the camp experience for the participant regardless of that participants' ages or abilities.

A number of procedures related to health and safety are central to the ACA standards. One of the areas relates to fire safety. Standards govern arrangements with fire officials and the use of fire extinguishers. Other standards relate to sleeping arrangements, adequate toilet facilities, and bathing facilities.

Provision of health services is another element of the Standards.

These specific standards relate to health histories, physical exams, health records, infirmary practices, health staff, health and accident procedures, and emergency procedures.

The mental health of staff is also included as part of the health standards related to staff days off, staff time off, and places for staff to "unwind".

Program aspects provide a number of considerations in providing safe, quality programs. The standards suggest such things as written operating procedures for programs, safety regulations, competent leaders, well maintained program equipment, and appropriate service equipment.

In addition to these, some state and local regulations apply to safety aspects, especially in relation to programming aspects. For example, most states have boating regulations which every camp using boats must enforce. Some of these state and local regulations are just common sense, but the administrator should be aware of the law. The administrator should consult with members of the ACA Section to find what other regulations about safety apply to a particular state or area.

Health and safety are very broad areas, but ignored details will cause trouble. A basic philosophy of health and safety for all aspects of the camping program is the first step in assuring that the environment will be the safest possible for campers and staff.

Activities:

a. Accompany an ACA Standards Visitor on a visit to a camp infirmary. Observe whether federal, state, local laws, and ACA standards are being met.

b. Prepare a list of all laws and standards which camps must meet in the area of health and safety.

Review: Are the following statements true or false? Check your ACA Standards book to get the correct answers.

_____1. Arrangements should be made once every five years for fire protection in your area.

_____2. The water supply should be tested annually to assure that it is safe.

_____3. Resident camps should have one toilet seat for every 10 campers.

_____4. A health history does not need to be signed by the parent, guardian or other adult responsible, if the child was a camper the previous year.

_____5. The period for federal statutory limitation is usually considered three years beyond majority and health records should be kept for that period.

_____6. The camp must have on duty at all times someone with current ARC Standard First Aid or personal safety certification of the equivalent.

_____7. Only the camp administration needs to know about disaster procedures.

_____8. The camp should have an emergency communication system.

_____9. Each staff member should have at least eight hours daily free from assigned camp responsibilities.

____10. Leader competence for a program activity can be evidenced by possession of current certification or registration, specialized training within a three year period, and 3 letters of recommendation and statements of experience.

HEALTH AND SAFETY MANAGERIAL

/Lesson Three/

Competency Area: Knowledge of various systems and ability to analyze those systems in terms of the comprehensiveness of the safety and health programs provided.

Ability to formulate objectives for an on-going safety and health program.

Suggested Readings: The Nurse and the Health Program at Camp . (Casey)
Camp Administration, p. 218-241 (Rodney/Ford)
Camps, Their Planning and Management. (Wilkinson) pp. 151-166
The Camp Nurse Project REACH. (Fallon/Robb).

"Think Safety in Camp Canoeing", Camping Magazine, April, 1980 (Appendix
"Guidelines for Camp Health Care", Camping Magazine, May, 1980 (Appendix)

Objectives:

1) The student will identify the camp areas in which specific health and safety practices must be established.

2) The student will write procedures for the specific areas of health and safety.

3) The student will develop an appropriate record keeping system for required health systems.

4) The student will identify the common health hazards and risks associated with camp.

5) The student will design a training system for appraising staff of health and safety considerations in the entire camp program.

Discussion:

The operation of an effective camp requires a great deal of planning for an efficient, healthy, safe environment. In addition to the requirements of many states and those for ACA accreditation, the camp director must always be conscious of health and safety. However, one cannot be so concerned about safety that the camp program cannot operate in a way that allows people to learn and grow.

The first task of the camp director is to be aware of the many risks and hazards that are inherent to a camp environment. These can be termed man-made and natural hazards. The maintenance of the site and facilities is crucial to preventing hazardous situations. It is helpful for the camp director to be very aware of hazards and seek to overcome them as much as possible. Such hazards might include questionable drinking or swimming water, camp terrain, obstructions, poisonous plants or reptiles, extreme weather, highways bisecting the camp, lack of effective rules, or faulty equipment. Part of the operating budget should be devoted to elimination of risks and avoidance of the hazards. The three steps in handling hazards are to: 1) identify them, 2) avoid, remove, or reduce them, and 3) develop written procedures to minimize the hazard.

Other aspects of the safety system for the camp relate to the employment of competent health care professionals. Every camp staff member must consider themselves a part of the health team, but the health supervisor and health care system should be top-notch. A procedure for obtaining health histories, health exams, and health records should be inherent to every camp. In addition, the camp staff should be aware of the procedures and should have first aid training of some kind. Related to this is the health facility which should be a place where first aid can be given and where campers can become healthy once again. In addition, many camps are beginning to look at the concept of "wellness" as a program activity for the health staff to encourage.

Developing a system of health supervision is no easy task if properly developed and maintained in a camp. Written procedures must not only be specific and concise in nature, but must be easily understandable and written in a way to facilitate easy implementation and effective execution.

Emergency procedures should be established for all the possible kinds of catastrophes that could occur at camp. These should be written and all camp staff should be aware of what they are. Such emergency procedures might relate to fire, severe weather conditions, accidents, or missing persons.

Safety in the provision of camps program is essential. The challenge of program safety is that of maintaining an accident-free experience and developing safety awareness while still keeping the elements of fun and adventure. Safe programs are not only less hassle for the camp director, but they are more fun for everyone involved and better for the environment. Safety in specific activities should always be given prime consideration in planning for each activity.

Activities:

a. Visit at least three camps. Note the health and safety facilities, equipment, and procedures each has. Discuss the strengths and weaknesses of each camp's system.

b. Meet with a camp health inspector. Discuss what he or she looks for in terms of the health and safety system in a camp.

c. Visit two camp directors and describe their objectives for ongoing safety and health programs. Discuss the strengths and weaknesses of both lists.

d. Formulate a list of objectives for an ongoing safety and health program in your camp.

Review: Can you answer the following questions?

1. What tasks would you include in the job description for your camp nurse?

2. What constitutes a well prepared health care center.

3. What are the areas in which you would train your camp staff regarding health and safety procedures?

4. What are the best ways to supervise the health of your campers and staff?

5. What records and inventories should the health supervisor keep?

5. What are some hazards you would look for if you were asked to come to another camp to complete a health and safety inspection?

HEALTH AND SAFETY MANAGERIAL

/Lesson Four/

Competency Area: Ability to analyze implications for a camp's health and safety program when serving campers with handicaps.

Suggested Readings: Camp Nurse, p. 38-42
Camp Health and Safety Procedures. Project REACH (Farely/Vinton)
"Handicapped Campers Also Can Play the Games", Camping Magazine, June, 1980 (Appendix)

Objectives: 1) The student will describe ways that the handicapped camper can have a "normal" camp experience.

2) The student will describe a training program for teaching camp staff to be aware of the health and safety needs of handicapped individuals.

Discussion:

All camp staff members should be aware of the special problems and uniquenesses of campers. This is especially true for handicapped individuals. The needs of all individuals are essentially the same, although sometimes it is necessary to make some kinds of special provisions to ensure the health and safety of campers.

The handicapped child wants to be treated just like any other person, however in some cases, his or her health is not as good as an able bodied person's, so special diets or equipment must be used. When campers have special needs such as wheelchairs, it is particularly important that the staff know how to operate them and are aware of the terrain and the potential hazards for campers.

A health system for a camp that serves a number of handicapped persons may have many more staff than other camps. These people are necessary to provide basic health care and there may be a need for more coordinated health services than in camps where the health service exists primarily as an emergency or late care area.

Some special considerations should be given when working with the handicapped in camp. For example, there should be sufficient training of staff. All staff should be aware of handicapping conditions, procedures, rules and regulations should be reviewed, emergency procedures should be second hand to everyone, there should be specific lines of communication between the supervisors, staff, and campers, and periodic training should be scheduled throughout the sessions.

Handicapped persons who have varying handicaps present a challenge to camp programmers. This can be a very rewarding experience, but it also requires a great deal of training and ability on the part of the camp director to provide support to the staff and ultimately to the campers.

Activities:

a. Select a handicapped population and describe what special consideration must be added to your camp's health and safety program.

b. Visit a camp for the handicapped. Discuss with the director the special needs and services his/her camp provides in the area of health and safety.

Review: Can you answer the following:

1. What should be included on a camp accident form?

2. Why should prescribed drugs only be administered by the nurse or physician?

3. What should be remembered for safe wheel chair operation?

4. What safety precautions should be taken for individuals with handicapping conditions?

ACA Home Study Learning Activity Report

This report cover sheet should be attached to the front of each individual assignment. (See the Plan of Work approved by your instructor.) Return this form to your assigned instructor.

NAME _____ COURSE _____

STREET _____ Plan of Work Assignment (List planned activity from Plan, or identify Competency Area number) _____

CITY _____ _____

STATE, ZIP _____ _____

Date Submitted _____ Instructor's Name _____

INSTRUCTOR'S COMMENTS ON THIS ASSIGNMENT:

_____

_____

_____

_____

_____

Instructor's Signature _____ Date _____

STUDENT'S COMMENTS ON, OR QUESTIONS ABOUT THIS ASSIGNMENT: (Questions you may have as you submit this, or further questions you may wish to resubmit after receiving the instructor's comments.)

_____

_____

_____

_____

_____

_____

Phase IV: Evaluation

Once you have completed all assignments and your instructor has notified you of your satisfactory completion of all course work, please fill out the attached evaluation form on the course and instructor. This should be returned in the envelope provided to the National ACA Office.

The National ACA Office will then send you a certificate of course completion once they receive the instructor's report and your evaluation.

Congratulations -- you have finished the course!

The previous numbered page in the original document was blank.

For Student to Complete - Return directly to ACA National Office

ACA Home Study Course and Instructor Evaluation Form

NAME _____

ADDRESS _____

COURSE _____ INSTRUCTOR _____

Please help us improve the Home Study system by evaluating the following:

1. To what extent was the course action oriented? Could you apply what you have learned from this course?

2. How confident do you feel in your ability to implement the information presented in a camp setting?

3. To what extent were your own educational needs met by this course?

   Minimum Extent 1 2 3 4 5 6 7 8 9 10 Maximum Extent

4. Please rate the following items. Use the following scale of 1 = Poor and 10 = Excellent.

	Poor									Excellent
a. Appropriateness of format to course goals	1	2	3	4	5	6	7	8	9	10
b. Overall organization of the course	1	2	3	4	5	6	7	8	9	10
c. Length of course in terms of covering the subject	1	2	3	4	5	6	7	8	9	10
d. Clarity of instructions from ACA and your instructor	1	2	3	4	5	6	7	8	9	10
e. Plan of Work developed with instructor	1	2	3	4	5	6	7	8	9	10
f. Circuit time for information sent to your instructor (amount of time between when you sent in an assignment and its return to you)	1	2	3	4	5	6	7	8	9	10
g. Guidance provided by your instructor	1	2	3	4	5	6	7	8	9	10
h. Preparedness of your instructor	1	2	3	4	5	6	7	8	9	10
i. Ability of your instructor to clarify problems	1	2	3	4	5	6	7	8	9	10

The previous numbered page in the original document was blank

5. Did this course meet with your expectations? Why or why not?

6. What were the major strengths of this course?

7. What suggestions do you have for improving this course?

8. Were the readings appropriate and adequate for the course? If not, why?

9. Would you recommend your instructor conduct another home study course? Why or why not?

10. Did your instructor make sufficient comments on your assignments?

11. Based on your experience, would you recommend ACA Home Study to a friend?

12. Any other comments:

THANKS!

17

Milwaukee Journal photo.

Think safety in camp canoeing

by Ernest F. Schmidt

Few camp directors today need to be told that there is a very active love affair between their campers—and that marvelous American invention, the canoe.

With 1.2 million canoes in use in the United States (90 percent of them on rivers), with 51 canoe manufacturers building about 100,000 canoes each year (vs. only half a dozen a few decades ago), and with more than five million (U.S Coast Guard says ten million) people paddling rivers and lakes from Central America to the Arctic (and even crossing the continent by canoe)—the compelling popularity of this ancient craft is obvious. In the ACA accredited camps that offer canoeing as an activity there are more than 16,000 canoes.

Likewise, few camp directors need to be told that canoeing—especially fast river canoeing—is a dangerous activity.

Recognizing that the most dangerous part of any canoe trip is on the public highways to and from the put-in point does not change the fact that any water activity has a large element of risk, and that canoeing accidents receive an extraordinary amount of public attention.

Therefore, when considering a canoeing program, camp directors must answer two questions:

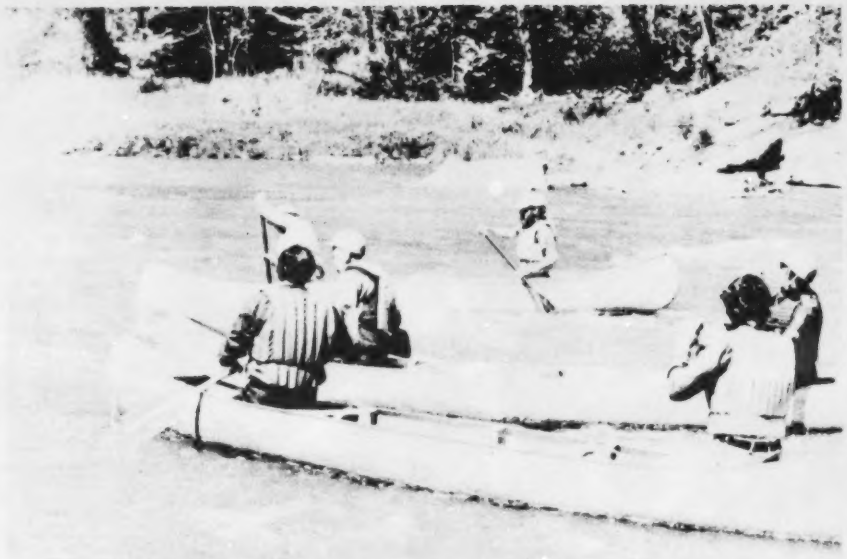
1. Shall I have canoeing in my camp?
2. Am I, as a responsible director, capable of really training my staff and/or campers to safely handle this activity?

One hopes that the answer to number one is an enthusiastic "yes" for it is generally recognized that canoeing is not only a great physical activity, but, even more importantly, a wonderful avenue to adventure.

Question number two can be a tough one to answer because the lives of children and young adults are being considered. Any adventuresome youngster receiving recognition as a canoeist on the calm water of camps today will

(continued next page)

BEST COPY AVAILABLE



A Pittsburgh YMCA camp provides facilities for weekend canoe clinic. Photo by Ray Miller.

certainly consider himself/herself competent to handle the canoe anywhere, and is very likely to head for the nearest fast river tomorrow or the next day—*and quiet-water canoeing is as different from whitewater canoeing as day is from night.*

One other fact must be considered. According to the Grumman Canoe people, as of 1979 there were more than 1,000 "canoe liveries" along the nation's riversides and roadsides. They have approximately 40,000 canoes for rent.

Therefore, the camp director has not two, but three problems to face:

First, campers must be trained to paddle safely and skillfully on lakes or flowages (i.e., *flat* water).

Second, campers must be trained in the basics of *fast*-water canoeing either to qualify them for the high-adventure program of the camp or, as a clear warning to each canoeist, that the flat-water skills learned at camp are not sufficient to prepare them for really fast water. Further, most everyone would agree that a primary goal of any good camp program is preparation for life.

Therefore, the third problem becomes obvious, those canoe liveries cannot be forgotten. Young men and women, given a taste of canoe adventure in camp, will almost surely be canoeing in the future. Chances are nine-to-one that it will be on moving water. In other words, the training at camp must have a lasting carryover.

It may be surprising to learn that it is in the number three area that most fatalities occur. Charles Walbridge, safety chairman of the American Canoe Association, quotes Coast Guard figures for 1976 showing that of 1,264 boating fatalities, 131 involved kayaks or canoes. The National Safety Council in a 1977 newsclip survey of 25 canoeing fatalities found that ages ranged from 12 to 36—with a median age of 22. By sex, those deaths were male, 24, and female, 1. The report states, "These accidents are not occurring to young immature kids."

Probably one of the most important things for camp directors to recognize is that for most children camp will bring not only that boy's or girl's first experiences with a canoe, but also that it may be their only opportunity to receive any real training in the safe use of a paddle and a canoe.

Legislation vs. education

There are some who believe that safe camping and/or safe canoeing can be achieved through laws. Each year there are 46,000 highway deaths that might indicate otherwise. Legislation can help set standards but no one can, or ever has, legislated safety.

Those who work with children in youth camps know that the only reasonably sure way to keep children and the camp program safe is through intelligent, competent education: train 'em, and test 'em, and trust 'em.

But neither the directors nor their staffs can give that training without first getting it themselves from intelligent, competent experts. Following are some sources to contact for training and additional information:

a. The American Canoe Association, P.O. Box 248, Lorton, VA 22079, is a national organization that offers a book service, film library, safety poster service, and experienced instructors. The magazine, *Canoe*, is published by ACA six times a year. They celebrate their 100th birthday in 1980.

b. American Red Cross, with local chapters or at 17th & D St. NW, Washington, D.C. 20006, in 1978-79 held 2,002 canoeing courses and awarded 20,259 Basic Canoeing certificates. They also certified 1,146 canoeing instructors. Published in 1977, their canoeing manual (452 pages) is complete and excellent. Three films, "The Uncalculated Risk" (stock #321578), "White Water Primer" (stock #321577), and "Margin for Error" (stock #321579), are available from the film library at national headquarters.

c. The American Whitewater Affiliation, Box 1483, Hagerstown, MD 21740, offers an excellent safety code. Get one free copy by writing "AWA Safety Code, P.O. Box 1261, Jefferson City, MO 65101."

d. The United States Canoe Association publishes *Canoe News* six times a year with the general emphasis on such things as river cruising, racing, and trips. The editor is Mike Reynolds, 9021F North 91st St., Milwaukee, WI 53224.

e. The National Council of the Boy Scouts of America will introduce this year, in its 12 regional aquatic schools, a new type of transition training. Recognizing that most canoe training in scout camps takes place on lakes and ponds, this course will train for white water on flat water. This author is chairman of the committee designing course.

f. There are many local and state groups that offer canoe training and trip experience. Ask local canoeists or write the previously named associations for information in your area.

g. Many colleges and universities, youth camps, and agencies offer information about canoeing. Some, like the YMCA and the Boy Scouts, operate annual training courses. Write to YMCA at 291 Broadway, NYC, NY 10007, or Boy Scouts of America at P.O. Box 61030, Dallas/Ft. Worth Airport, TX 75261, for information. *Canoe Magazine* lists six to nine commercial whitewater canoe and kayak schools or clinics, usually held in May or June. Some, like Nantahala Outdoor Center, Star Rte., Box 68, Bryson City, NC 28713, operate from March to November.

h. The American Camping Association's *Parents' Guide to Accredited Camps* lists camps that specialize in canoeing. Some camps specialize in remote wilderness trips including canoe travel from Montreal to the Pacific and through the Canadian barrens to the Arctic Ocean. □

---

*The booklet, **Canoeing Merit Badge**, was written by Ernie Schmidt and published by the Boy Scouts. Schmidt is a former vice-president of the American Camping Association.*

BEST COPY AVAILABLE

Guidelines for camp health care

by Elizabeth A. Means, R.N.

Providing for health care is a significant and legally intricate phase of any camp program. A health care program is usually executed by one staff member, the nurse. Following are some guidelines for setting up and operating a camp dispensary/infirmary, and a discussion of the actions and responsibilities necessary for the provision of a satisfactory health care facility.

According to law, a camp is not required to employ a registered professional nurse; however, when one is employed, specific laws and regulations are applicable. Only a licensed physician may make a diagnosis and prescribe drugs, and nurses work under the written orders of the doctor. Legitimate functions of the registered professional nurse are spelled out in the Nurse Practice Act of each state. The nurse and her employer are accountable, legally and professionally, for the kind and quality of care provided.

Current ACA Standards outline the basic physical requirements for health care for campers and staff. They include the number of beds, one of which must be "reserved" for a seriously ill or isolated individual, provisions for transportation, storage of supplies and records, locked storage for medication and certain other items, toilet and hand washing facilities, heat, light, and ventilation.

Many camps separate the first aid dispensary from the infirmary. When there is only one nurse, these facilities need to be in close proximity or combined and adjacent to the living quarters of that professional. For easy accessibility it is best if these are central to living and activity areas.

Regulations concerning the administration of first aid, dispensing medication, or making value judgments relative to health are very specific. Prior to the opening of camp and the arrival of campers, written policies need to be approved by the camp administration These policies should establish and recognize the position supported by the owner/operator and provide guidelines for the entire staff to help insure a safe and healthy camp experience. It is important that everyone be knowledgeable concerning these policies. The nurse should interpret them to the staff in the pre-camp staff period. These written policies may be revised by the nurse, based on current knowledge and experience, related and/or applicable legislation, as well as information provided by the camp itself. In addition to general health policies the nurse should provide those regulations that specifically apply to the infirmary and/or dispensary. Both general and specific policies should be reviewed and revised yearly and made available to the camp staff.

It is important that a good relationship is established and maintained with health-related services in the area surrounding the camp. These include not only the local doctor, but also an accredited hospital, clinic, pharmacy, and dentist. The nurse must know what services are not locally available and where those services may be obtained. For example, the need for an orthodontist is frequently unmet. This is something that should be planned for and anticipated.

An acceptable method for obtaining services and supplies should be determined, including the procedures for payment. Identification of persons designated to act for the camp is helpful for the store, pharmacy, clinic, hospital, or service station. Arrangements must be made for routine or emergency transportation, including vehicle use and a driver. Often the nurse will use his/her own car, and if this is done, he/she needs to supply the information to the director so the car is included on camp insurance . . . a liability protection for both the camp and the nurse.

Since part of what is performed by the nurse must be done under written orders of a doctor, such as administering treatment and/or medications to campers with diagnosed illnesses, it is ideal if the physician is a local one, available for primary care of campers or staff. The nurse should prepare and notify the doctor, in advance, of the orders under which she could comfortably work. Most physicians are cooperative and willing for the nurse to use products with which she is familiar and are grateful for orders prepared in advance. Then they will add or delete from the suggested orders rather than substitute a new list.

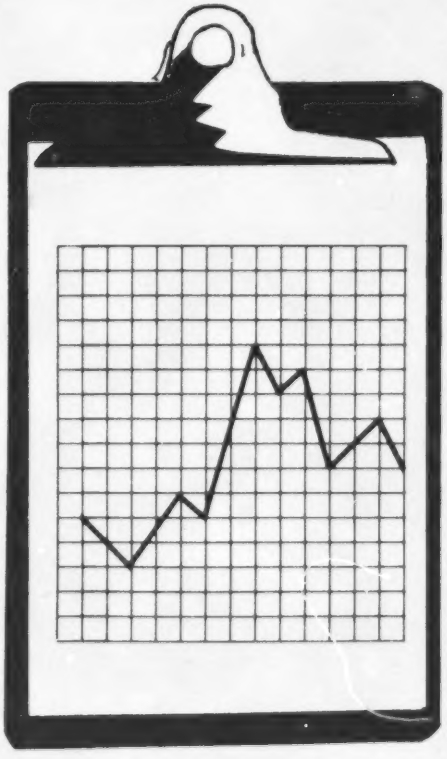
Campers and their parents frequently do not understand that the nurse can give only medication(s) ordered by the physician under whose orders she/he is working. Therefore, it is wise to include in the written orders who is giving permission to dispense labeled prescription medication in pharmacy dispensing containers as ordered by the patient's own doctor according to the accompanying instructions. (Because it is illegal to give another any medication, even over-the-counter preparations, without such an order, it is important that everyone including campers, staff, and parents, be aware of the need for such an order.)

Maintain complete records

The orders approved by the local doctor must be signed in by him and be kept readily available for use. Experience suggests no fewer than three signed copies—one for the dispensing area, one for the camp file, and one for emergency and/or the nurse to retain for future reference. Liability requires that the signed orders remain with the day book record for the legally specified time.

Most states require that complete records be kept of all medication given or treatment carried out. A bound book with numbered pages that is sufficient for no less than one complete camp season should be used. A total listing of camp persons and notes relevant to individual medical needs should be at the opening of the yearly log. Recorded here should be the receipt of the medical form, restrictions of activity, special needs; i.e., a backboard, and

(continued next page)



Elizabeth Means has had 40 years of varied experience in camping work. She has taught, lectured, and served as a consultant for camp health and safety.

the base temperature to be used in case of illness as a point of comparison. Entries might be:

Jones, Ann	97.4° F	Wt. 104	allergy to chocolate
Smith, Sue	99.0°	82	needs to gain weight
Woods, Josie	98.2°	90	mild scoliosis; backboard

Establish rapport with campers

When a camp session opens, time is usually set aside to familiarize new arrivals with all parts of camp and the infirmary and dispensary need to be included. During this initial visit a general health appraisal of the campers can be made. The visit establishes a basis for later comparison, if the need arises, and helps the nurse to establish rapport. In addition to the base temperature, a check-in could include the throat (for evidence of upper respiratory problems), the feet (fungus infections are readily transmitted and will need close supervision), and medical forms to see that they are complete and include a signed emergency permit. The entire procedure can be done quickly with the assistance of one other person and by scheduling groups of the proper size. The use of disposable thermometer shields simplifies and expedites the check, and for this purpose the cost is justified. Weights may be recorded and space left for re-weighing at the end of camp.

Medical records should have been received prior to the campers' arrival at camp, so the initial contact between the nurse and campers can establish a good relationship between them, based on individual concerns. It is important that this first check-in with the nurse be done as soon as possible after arrival, and certainly no later than the first full camp day.

To avoid exhaustion, the nurse must establish the hours in which those in need of routine services will be seen. It is too easy to spend all of her/his time in the first-aid room, or for it to become a social center. When the nurse is off duty or out of camp, a responsible substitute must be provided.

The daily routine for health service is simple. Flag raising or assembly is an excellent time for general observation of campers and staff. It provides the opportunity for cabin counselors to relate concerns and alert the nurse to problems. Just before or after the morning meal those who have needs should be seen, and when indicated, appointments immediately made with the doctor. Depending on the camp schedule there may be more than one "sick call," the second usually just before supper or at bedtime.

A satisfactory way of giving routine medications is to prepare small paper packets containing the drug, labeled with the time to be taken, and the intended individual. The nurse can take these to flag raising or meal times and give them out quietly. The individual dose method also makes it possible for someone else to deliver the proper drug and amount when the nurse is not available. It is readily adaptable for giving medicines when the campers are away from the base camp on trips.

Provide adequate first aid kits

One of the duties of the nurse is to prepare and maintain first aid kits for use in the camp vehicles and to be taken on out-of-camp trips. After consultation with the counselor in charge of the trip, suitable additions and provisions for individualized needs are added. Frequently overlooked is the need to include money for several telephone calls and the emergency numbers of the hospital, rescue squad, and fire authority. Procedures for reporting an emergency need to be determined in advance. Some rural or remote areas have posted fire numbers, and the notation of these and their location by the trippers will ensure prompt help. Numbers for local ambulance services that are often able to supply this kind of information should be taped to the inside lid of the first aid box. The name of the camp, its location, and telephone number should be on the outside of the box.

A tripper who absolutely needs medication such as an anticonvulsant, must be assured of receiving it as ordered even if unplanned events occur. To guard against possible loss of the drug supply, three sets of medication packets should be prepared. One set is included in the first aid kit, one given to the counselor in charge to carry in her/his personal gear, and the individual in need receives the third. It is unlikely that all three sets of packets would be lost, and gives a sense of security to everyone concerned.

Just before campers leave for a trip the one in charge picks up the first aid kit and receives any special information concerning those who are going. This counselor thus becomes the substitute for the nurse and is responsible for returning the kit and reporting any incidents. Every person who leaves for a trip must report to the dispensary just prior to departure to be cleared. The nurse has the final authority concerning the wellness of each tripper and must exercise judgment for the good of the entire group as well as for the individual. On return, another visit to the dispensary is made so that changes may be noted, evaluated, and when indicated, entered in the day book or medical attention obtained.

When a camper visits the nurse with health-related problems, an evaluation must be made based on what is seen and heard and on the nurse's education and experience. Then it must be determined what to do under the available orders. To do this, the basic tools such as thermometer and otoscope and a very large supply of common sense is needed. A flashlight, tweezers, scissors, and antiseptic should be provided, along with basins for washing or soaks with the necessary linen. It is helpful to have instant hot or cold packs including the reusable kind such as a hot water bottle. A good cold pack is a sponge filled with water in a plastic bag kept in the freezing compartment of the refrigerator. For a remote activity area such as the stable, the instant cold packs are indispensable and also are best for injuries requiring greater coverage for a longer period.

Prevention still the best medicine

Fortunately, minor complaints far exceed serious injury and illness at camp. Many problems can be anticipated and prevented; for example, a previously injured joint can be protected during an activity so that it is not re-injured. An effective way to prevent swimmers' ear is to have campers use ear drops after being in the water. Providing every living unit with a dropper bottle filled with a solution of one-half isopropyl alcohol and one-half acetic acid (distilled white vinegar) and instructing the counselor to instill two to four drops in each ear nightly will almost eliminate new cases of swimmers' ear. Some individuals will have prescribed ear drops which of course should be used instead. Not only does this provide a learning activity for the staff but also demonstrates the need for cooperation and support to insure healthful living in camp.

In addition to activities in the dispensary it is sometimes necessary to provide bed care for some individuals. The nurse is responsible not only for the physical comfort of the patient but also must arrange for and perhaps deliver dietary needs. She/he will have to interpret the situation to the director and staff as well as campers. Judgment must be shown regarding visitors and return to activities. Because the camp experience is for a short time, it is desirable not to keep the camper away from the cabin group or program any longer than necessary. At the same time medically sound care must be maintained.

Frequently campers are placed on antibiotics requiring around-the-clock administration. During the acute illness or while deemed hazardous to others, the patient should be kept in the infirmary and the nurse should dispense the drug. During the next phase the camper may participate in

(continued on page 37)

(Guidelines continued from page 30)

activities, returning to the dispensary during the day and perhaps "sleeping in" at night. Many antibiotics require specific times of administration and the real problem is when the camper returns to the living unit but still requires treatment. To provide for this the nurse and cabin counselor may cooperate as follows: one dose packet to be given with the rising bell, the second and third to be delivered during the day by the nurse at the dispensary, and the fourth and final dose for the 24-hour period to be delivered when the counselor retires. In this way provision is made for the required hour before or two hours after eating that many drugs require, and also provides for approximately the needed six-hour intervals specified. If a urine analysis or throat culture is required, the nurse can often obtain these at camp, eliminating another trip to the doctor.

All actions should be recorded

Every action by the nurse, treatment, or pills needs to be recorded in ink in the daily log book. Included should be the patient's name, the time, complaint, and disposition. If a medical opinion is sought, a brief summation of the advice should be entered. Conversations with the nurse on personal matters are considered to be privileged, and as such need only be recorded as a consultation. It must be kept in mind that the day book is a legal record and as such must be retained for a specified period. The nurse must remember that she/he is the advocate for not only the patient, but also the employer, and act in accordance for the benefit and protection of both.

Before camp closes, the nurse should make an inventory and a written report, including a summary of trips to the clinic, hospital, or dentist. All supplies should be packed and labeled and those in need of purchase for the next year should be noted. Bills for use of a personal car and receipts for cash expenditures should be submitted. It is advisable to keep duplicates of any correspondence.

Being a camp nurse is a responsibility tempered with fun and satisfaction. Having a successful camp experience demands maturity, education, resilience, and a willingness to accept an awesome responsibility. Between the acceptance of a camp position and the realization of its rewards at the end the nurse will have made a meaningful contributions to many individuals.□

LESSON #3

Handicapped campers also can play the games

by John Doolittle

As a result of federal legislation and changing concepts about the growth and development of handicapped children, more is heard about "mainstreaming": placing these children into less restrictive environments so they may learn with other children their own age in a normal school setting. While this concept has received considerable attention in public schools, mainstreaming goes beyond the classroom, extending into vocational and recreational programs as well.

Without a doubt, mainstreaming has precipitated some controversy and many agencies have found themselves ill-equipped to cope with the special needs of disabled persons. Changes in architecture as well as management have been required to accommodate these persons. There are some who argue that entire programs will eventually become watered down when standards are lowered to meet the ability levels of a few handicapped persons involved in the program. While this could happen, it need not.

Camps are a case in point. Considering the wide range of activities that most camps make available to campers, it seems as though there would be things that handicapped campers could participate in that would require little, if any, modification. There appears to be little reason why camps cannot maintain their high standards while providing a variety of activities that can be challenging to all campers, including those who are handicapped. Often the ability and determination of handicapped youngsters is underestimated.

It is unlikely that camp offices will be flooded with applications from persons who are severely disabled, because factors such as location, topography, weather, cost, facilities, or special interests can discourage some handicapped persons from considering certain camps. It is unlikely, for example, that a young person who cannot walk would choose to attend a camp that features rugged outdoor activities. There is, however, the possibility of some handicapped persons attending certain camps that have traditionally served able-bodied campers. As these pioneers find enjoyment and success, others are apt to join their ranks. Once these campers are settled into camp, the program staff will be faced with the classic problem associated with mainstreaming: how to integrate these young people with the other campers in traditional camp activities. Although the suggestions which follow will address only one aspect of typical camp programming, games and similar motor activity, the guidelines may help in planning other camp activities as well.

John Doolittle is an associate professor at The Pennsylvania State University. He has worked with the Pennsylvania Easter Seal Camps for 10 years.

Guidelines for integrating the disabled

Because of the wide range of abilities, or disabilities, among children diagnosed as having similar physical, sensory, emotional, or intellectual problems, it is unwise to take a cookbook approach to planning games and activities for the handicapped. One cannot provide lists of activities specifically for the cerebral palsied, or the mentally retarded, or for amputees. However, some guidelines can be provided that may help program staff to integrate disabled campers with other campers.

First consider some factors that can influence the camp staff's relations with the new handicapped camper:

1. Those campers who have been disabled for a period of time have already developed adaptations that allow them to participate in certain physical activities. Allow these campers to proceed at their own degree of involvement until it is noticed that they are having difficulty; then suggest possible alternatives that can help them. In most instances, these modifications should be worked out jointly between the counselor and the camper.
2. Disabled campers may be a bit fearful of new experiences; therefore, first get them involved in activities that are familiar to them. This will give them time to gain confidence in themselves, the staff, and their fellow campers. The hesitant camper may be happy watching or serving as an official until he/she feels ready to become more actively involved. If they seem to hang back, keep in mind that these campers must often work twice as hard to achieve the same level of success as their peers.
3. Modifications of games should focus on the camper's abilities rather than his disabilities. As the camper's level of skill improves, early adaptations may be modified or even discarded.
4. Modifications of game rules should not be discouraged as long as they reflect the needs and desires of the participants.
5. Finally, when modifying a game for a disabled camper, try not to change it to such a degree that the other participants feel it is no longer a game that they had intended to play. This only calls attention to the disabled camper as being special rather than being another player.

Now consider some specific ways to accommodate disabled campers in games with more able children:

1. Reduce the range of the game by shortening the playing time, the distance that the ball or other objects of play will travel, and the distance that must be traveled by the participants. This can be accomplished in several ways:
   - —Reduce the size of the play area by playing on only half a basketball court, or by using the width of a football, soccer, or hockey field as the length of your area of play. Also, the distance to bases and goals can be decreased.
   - —Lower the net in net games or the hoop in basketball.
   - —Increase the number of players on the team so each player has less area to be responsible for.
   - —Have them play net games through a hoop that is suspended from the ceiling or mounted on a stand, since this narrows the playing area and often neutralizes smash shots.
   - —Use soft, lightweight balls that will not travel as far when hit, kicked, punched, or thrown. To accomplish this, decrease the air pressure in the ball or use Wiffleballs, Nerfballs, and Fleeceballs that have a limited range.
   - —Attach a cord (tether) to a ball to limit the distance that it will travel. One very challenging game that requires a minimum of movement is tetherball played with a tennis ball attached to a cord that is hit with racketball rackets.
   - —Introduce changes in the rules or in the playing techniques that will reduce the amount of force that players can use on the ball or other equipment. Players could, for example, be limited to one step before kicking the ball or could be required to punch the ball with their fist rather than kicking it.
   - —Reduce the time periods of the game or the number of points that are needed to complete a game.
2. Another way to accommodate less able campers is to give the players

(continued on next page)

equipment that can be handled with relative ease. Easy-to-manage equipment like the following can make play possible for a camper who is missing an arm, or one who is a hemiplegic or quadraplegic:

—Lightweight plastic bats, balls, rackets, and frisbees can usually be manipulated with one hand.

—Large, partially-inflated beachballs are effective with youngsters who have motor or visual difficulties. These balls are easy to grasp and hold in two hands because of their size and softness.

—Soft Fleeceballs or yarnballs can often be gripped by persons with cerebral palsy or hemiplagia because their fingers sink into the ball. Because these balls do not travel far when hit, they are good for rainy-day indoor games.

—Equipment fitted with special handles, such as a bowling ball with a spring-loaded retractable handle will make participation simpler for some campers. Rackets, fishing poles, and similar equipment can even be strapped or taped to a camper's hand if necessary.

3. The handicapped camper can be aided further if the speed of the game is reduced. There are a number of ways to do this:

—Use large, lightweight balls that move at a slower rate of speed than smaller, firmer balls. A large beachball, for example, will move more slowly than a volleyball. A large plastic garbage bag filled with balloons makes a good slow-motion volleyball.

—Decrease the air pressure in a ball so it will move more slowly. This is a good practice when using balls indoors because it also reduces the rebounding effect.

—Play soccer or hockey-type games on grassy playing fields so that the tall grass will slow the ball's movement.

—Introduce into the rules or the playing techniques changes that will reduce the speed of the participants or the ball. For example, players could be required to walk or skip rather than run and could be told to throw using an underhand delivery. A camper with movement problems might have a chance for a single if the ball is rolled to first base or thrown to several other players before being thrown to first base.

4. One more way to help the less able-bodied camper in the group is to use special devices that will do one or more of the following: stabilize the participant, or the equipment used to play; increase the reach of the participant; align the participant with the target, goal, or boundaries; or impart some force or momentum into the equipment used to play. Examples of these devices are:

—A photographer's tripod or a sling suspended from the branch of a tree can serve as a cradle or support rifles or crossbows. Use of the crossbow instead of a bow allows the weakened or neurologically impaired camper to participate in archery.

—Special sleeves or terminals that can slip over the stump of an amputated hand or attached to a prosthesis can help with gripping, supporting, releasing, or activating equipment used in the game.

—Spring-loaded pool cues will allow the amputee or the hemiplegic camper to shoot pool.

—Special pushers or chutes allow a camper in a wheelchair to bowl. These, along with the special pool cues and bowling balls, can be purchased from several sporting goods companies.

—A batting tee can support the ball for a handicapped baseball player.

—Portable, lightweight guide rails can assist blind bowlers. These can be folded to fit into a car or van and can be set up quickly in bowling lanes. Guide ropes can also direct blind campers to targets and goals or align them in races.

—Sound devices behind goals, in balls, or at the end of a swimming pool can assist blind campers in playing games.

—Different floor or ground textures can be used to mark boundaries for blind campers. Mats placed end to end, ropes, paths, and grass all provide these campers with direction and a sense of the limits of the playing area by changing the kind of surface they feel underfoot.

5. One final suggestion recognizes the fact that disabled campers will often tire more rapidly than other campers because of their low tolerance for exertion. A breather can be provided for these campers in several ways:

—Encourage free substitution so participants are constantly moving in and out of the game.

—Rotate players from active playing positions to less active positions in the game.

—Call time-outs frequently to discuss rules or team strategy.

—Provide quiet table games on the sidelines that are similar to the game being played on the field. While the campers are resting, they can continue their game on the table. Possibilities include games such as Nok Hockey, Box Soccer, Skittles, darts, or any of the electric or electronic games that are available today.

Getting handicapped campers into games and traditional camping activities presents quite a challenge to counselors and staff. Since the camper may be in camp only for a short time, signs of success may be slow. Although the slow rate of progress may discourage the counselors, the effort is worthwhile for the camper's sake. Little by little, the youngster may develop greater independence as well as broaden his or her range of recreational interests and skills. Because of its potential for teaching these things, camping is a desirable experience for all persons, whether able-bodied or handicapped. □